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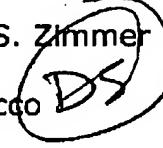
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**FACSIMILE MESSAGE**

TO FACSIMILE NO.: (703) 872-9306

ATTENTION: Examiner Marc S. Zimmer

FROM: Douglas J. Sorocco 

SUBJECT: Application No. 10/706,552  
 Applicants: Karl W. Terry and Bryan S. Lembo  
 Filed: 11/13/2003  
 TC/Au: 1712 (Conf. No. 6890)  
 TITLE: Composition for Providing an Abrasion  
 Resistant Coating on a Substrate with  
 A Matched Refractive Index and  
 Controlled Tintability  
 Docket No. 7124.023  
 Customer No. 30589

DATE: May 24, 2005

PAGES: 26 plus this transmittal page.

Call (405) 607-8600 if you should have any questions regarding this transmittal.

\*\*\*\*\*

MESSAGE:

Please see attached documents.

DJS/nfn

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PTO/SB/21 (09-04)

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Total Number of Pages in This Submission

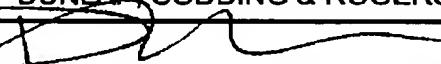
Application Number	10/706,552
Filing Date	11/12/2003
First Named Inventor	Karl W. Terry and Bryan S. Lembo
Art Unit	1712
Examiner Name	Marc S. Zimmer
Attorney Docket Number	7124.023

Total Number of Pages in This Submission

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)- <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation of POA, Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b> 1. Transmittal Form (1 page); 2. Fee Transmittal (1 page); 3. Fee Determination Record (1 page); 4. Credit Card Payment Form (1 page); 5. Amendment and Response (18 pages); and 6. Terminal Disclaimer (4 pages).		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	DUNLAP CODDING & ROGERS, P.C.		
Signature			
Printed name	Douglas J. Sorocco		
Date	5-24-05	Reg. No.	43,145

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Signature 

Typed or printed name

Douglas J. Sorocco

Date

5-24-05

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

130.00

## Complete if Known

Application Number	10/706,552
Filing Date	11/12/2003
First Named Inventor	Karl W. Terry and Bryan S. Lembo
Examiner Name	Marc S. Zimmer
Art Unit	1712
Attorney Docket No.	7124.023

## METHOD OF PAYMENT (check all that apply)

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under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

## Total Claims

Extra Claims Fee (\$) Fee Paid (\$) \_\_\_\_\_  
- 20 or HP = \_\_\_\_\_ x 0.00 = 0.00

## Multiple Dependent Claims

Fee (\$) Fee Paid (\$) \_\_\_\_\_  
HP = highest number of total claims paid for, if greater than 20 0 0.00

## Indep. Claims

Extra Claims Fee (\$) Fee Paid (\$) \_\_\_\_\_  
- 3 or HP = \_\_\_\_\_ x 0.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = 0 / 50 = (round up to a whole number) x \_\_\_\_\_ = 0.00

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$)

Other: Filing of a Terminal Disclaimer 0.00

130.00

## SUBMITTED BY

Signature	Registration No. (Attorney/Agent)	43,145	Telephone	405-607-8600
Name (Print/Type)	Douglas J. Sorocco			Date 5-24-05

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